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Bib Data Sheet

CONFIRMATION NO. 3056

<b>SERIAL NUMBER</b> 09/945,038	<b>FILING DATE</b> 08/31/2001 <b>RULE</b>	<b>CLASS</b> 705	<b>GROUP ART UNIT</b> <del>2100</del> 3626	<b>ATTORNEY DOCKET NO.</b>
<b>APPLICANTS</b> Ann Mond Johnson, River Forest, IL; Tracy J. Heilman, Chicago, IL; Joseph Donlan, Chicago, IL; John Fiacco, Roswell, GA;				
<b>** CONTINUING DATA *****</b> none DBC				
<b>** FOREIGN APPLICATIONS *****</b> none DBC				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED.. SMALL ENTITY **</b> <b>** 10/04/2001</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met <input type="checkbox"/> Allowance		<b>STATE OR COUNTRY</b> IL	<b>SHEETS DRAWING</b> 15	<b>TOTAL CLAIMS</b> 12
Verified and Acknowledged Examiner's Signature <i>Dale K. Schaefer</i> Initials <i>DBC</i>		<b>INDEPENDENT CLAIMS</b> 3		
<b>ADDRESS</b> Ann Mond Johnson 543 Monroe Ave. River Forest, IL 60305				
<b>TITLE</b> Method and system for consumer healthcare decisionmaking				
<b>FILING FEE RECEIVED</b> 355	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	